

State Controller's Office
300 Capitol Mall, 10th Floor
Sacramento, CA 95814
ATTN: CLAS Unit

RE: REQUEST FOR PURGED CLAS HISTORY

The _____ requests purged CLAS history for
(DEPARTMENT NAME)
_____ for the year(s) _____. The reason for
(EMPLOYEE NAME)
the request is due to _____
_____.

We acknowledge and accept the fees associated with this report. Please send the completed report to:

_____, (_____) _____, _____
(CONTACT PERSON) (WORK NUMBER) (EMAIL ADDRESS)

(SUPERVISOR/MANAGER SIGNATURE)

(NAME & TITLE)

(DEPARTMENT NAME)